

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

101 785 496

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5		1		1		
6		1		1		
7		2		2		
8		2		2		
9						
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11	1		1			
12	1		1			
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40		1				
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48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	9		9			
TOTAL CLAIMS	12		12			

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.												
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